

Guide for Registration of Complete Death Records

Center for Health Statistics, May 2013

Demographics (the Decedent): Items 1-33

Item 1 – Decedent’s Legal Name

Do not leave this item blank. A first and last name is required. The middle name and suffix should be entered as appropriate. Try to obtain the whole name. Do not use nicknames other than for legal purposes or at the family’s request.

This item identifies the decedent. This is the most important item on the certificate for legal and personal use by the family. There are alternate spellings to many names, and it is critical for the family to have the name spelled correctly.

Item 2 – Death Date

Do not leave this item blank. An approximate date, as provided by the medical certifier, or the date the body was found are alternatives.

This item is used to identify the date the decedent was legally pronounced dead. Epidemiologists also use date of death in conjunction with the cause of death information for research on intervals between injuries, onset of conditions and death.

Item 3 – Sex (M/F)

Do not leave this item blank. Make one entry only. Unknown is a valid response.

This item aids in the identification of the decedent. It is also used in research and statistical analysis to determine sex-specific mortality rates.

Items 4a – 4c – Age

Do not leave this item blank. Unknown is a valid response.

Information from these items is used to study differences in age-specific mortality and to plan and evaluate public health programs.

Item 5 – Social Security Number

Do not leave this item blank. Unknown is a valid response.

This item is useful in identifying the decedent and facilitates the filing of social security claims.

Item 6 – County of Death

This item must not be left blank or marked unknown.

Information on place of death is needed to determine who has jurisdiction for deaths that legally require investigation by a medical examiner or coroner. This information is also used to compile county level statistics on Washington State deaths by occurrence.

Item 7 – Birthdate (Month, Day, Year)

Do not leave this item blank. Unknown is a valid response.

This item is useful in identification of the decedent for legal purposes. It also helps verify the accuracy of the age item.

Item 8a – Birth Place (City, Town, or County)**Item 8b – Birth Place (State or Foreign Country)**

Do not leave these items blank. Unknown is a valid response.

These items are used to match birth and death certificates of a deceased individual. Matching these records assist us in fraud prevention. Information from the birth certificate is especially important in examining the causes of infant mortality.

Item 9 – Decedent's Education

Do not leave this item blank. Unknown is a valid response.

This item is used to study the relationship between education and mortality which is valuable in medical studies of causes of death and in programs to prevent illness and death.

Item 10 – Was Decedent of Hispanic Origin or Descent?

Do not leave this item blank. Unknown is a valid response.

For the purposes of health information and for the census, race and ethnicity are two separate ideas. Hispanic is an ethnicity, not a race. People of Hispanic ethnicity can be of any race (e.g. white, black, Native American or multiple races). This why the boxes for Hispanic and race are separated. Identifying health problems in specific racial and ethnic groups allows us to target public health resources to reduce health disparities.

Item 11 – Decedent’s Race

Do not leave this item blank. Unknown is a valid response. People can have more than one race. For decedents who are Native American or Alaska Native, it is helpful to also indicate tribal affiliation.

Race is essential for identifying specific mortality patterns and leading causes of death among different racial groups. It is also used to determine if specific health programs are needed in particular areas and to make population estimates. Hispanic ethnicity is not a race.

Item 12 – Was the Decedent Ever in the U.S. Armed Forces?

Do not leave this item blank. Unknown is a valid response.

This item is used to identify decedents who were veterans. This information is of interest to veteran groups and to understand which causes of death may be over or underrepresented in veterans.

Items 13a-g Residence of Decedent

Do not leave this item blank. All the sections of the residence must be completed. If the decedent was Native American or Alaska Native but did not live on a reservation, it is not necessary to list the reservation. Unknown is a valid response.

This information is used to compile city, county, and state level statistics on Washington State deaths by residence.

Item 14 – Estimated Length at Residence

Do not leave this item blank. Unknown is a valid response.

Epidemiologists may use length of residence in conjunction with the cause of death for research on environmental hazards.

Item 15 – Marital Status at Time of Death

Do not leave this item blank. Unknown is a valid response.

This information is used to determine differences in mortality by marital status.

Item 16 – Surviving Spouse’s Name (Give name prior to first marriage)

This item is required if the marital status is marked as “Married” or “Domestic Partner.”

This item is used in genealogical studies and in settling insurance claims and other survivor benefits.

Items 17 and 18 - Occupation and Business/Industry of Decedent

Do not leave either of these items blank. Unknown is a valid response.

These items are useful in studying job-related death and in identifying job-related risk areas. For example, correlating asbestos used in particular occupations in the shipbuilding industry to respiratory cancer are possible with this information.

Items 19-20 - Parents of the Decedent

The names of both parents must be entered. Unknown is a valid response.

The names of the decedent's mother and father aid in identification of the decedent's record. The mother's name prior to first marriage or birth surname is important for matching the record with other records because it remains constant throughout a lifetime in contrast to other names which may change because of marriage or divorce. These items are also of importance in genealogical studies.

Item 21 – Informant's Name

This item cannot be left blank. Unknown is not a valid response.

The informant is the person who gives the information about the deceased for the death certificate.

Item 22 – Relationship to Decedent

This item cannot be left blank. Unknown is not a valid response.

This can help to determine the validity of facts and may help in cases where there are disputes regarding the information.

Item 23 – Mailing Address – Number & Street or RFD No., City or Town, State, Zip

This item cannot be left blank. Unknown is not a valid response.

The name and mailing address of the informant are used to contact the informant when inquiries must be made to correct or complete any items on the death certificate.

Item 24 – Place of Death, if Death Occurred in a Hospital / Place of Death, if Death Occurred Somewhere Other than a Hospital

This item cannot be left blank. Use the location the body was found if place of death is otherwise unknown.

This information is used to compile state level statistics on Washington State deaths by type of place.

Item 25 – Facility Name (if not a facility, give number & street)

This item cannot be left blank.

Item 26a through 27 – Location of Death (City, State, Zip Code)

These items cannot be left blank.

This information is used to compile city, state, zip code statistics on Washington State deaths by occurrence.

Disposition (Items 28-32)

Item 28 – Method of Disposition

Do not leave this item blank. Pending is a valid response.

This item states the planned method of disposition. In conjunction with the next item, it serves to locate the body if case exhumation, autopsy, or transfer is required later.

Item 29 – Place of Disposition (Name of cemetery, crematory, other place)

This item cannot be left blank unless the Method of Disposition is marked as “Pending”.

This item states the planned location of disposition. It also serves to locate the body if exhumation, autopsy, or transfer is required later.

Item 30 – Location-City/Town, and State

This item cannot be left blank unless the Method of Disposition is marked as “Pending”.

Item 31 – Name and Complete Address of Funeral Facility

This item cannot be left blank.

Item 32 – Date of Disposition

This item cannot be left blank unless the Method of Disposition is marked as “Pending”.

Item 33 – Funeral Director Signature

This item cannot be left blank.

Cause of Death (Items 34-56)

Item 34 – Cause of Death

This item cannot be left blank. At least one cause and the associated duration must be entered. Pending is a valid response and should be entered in pencil for ease in later updates.

Specific information is more useful than general information on cause of death. The death certificate is the source for state and national mortality statistics and is used to determine which medical conditions receive research and development funding, to set public health goals, and to measure health status at local, state, national, and international levels. It is important that records are correct and timely in order to have accurate data. The Center for Health Statistics publishes summary mortality data in the form of annual data tables. The tables can be found on the Department of Health [website](#).

Item 35 – Other Significant Conditions Contributing to Death

This item may be left blank. The medical certifier may add information here at his or her discretion.

Item 36 – Autopsy

This item cannot be left blank.

An autopsy is important in giving additional insight into the conditions that lead to death. This information is particularly important in arriving at the immediate and underlying causes when the cause is not immediately clear.

Item 37 – Were Autopsy findings available to complete the Cause of Death?

This item cannot be left blank if an autopsy was performed (Item 36 is “Yes”). If an autopsy was not performed (Item 36 is “No”), this should be left blank.

This information assists in determining whether, for the nine percent of cases for which an autopsy is done, the information was available to assist in determining the cause of death. Knowing whether the autopsy results were available for determining the cause of death gives insight into the quality of the cause of death data.

Item 38 – Manner of Death

This item cannot be left blank. Pending is a valid response and should be entered in pencil for ease in later updates.

Information from this item is used in conjunction with the cause of death to compile state, county and city-level statistics on accidents, suicide, homicide and undetermined causes of death. This item may also affect insurance benefits that are due to the family.

Item 39 – If female

This item cannot be left blank if the decedent was a female between 10 and 55 years of age.

This information is important in determining the mortality among this population of pregnant and recently pregnant women and is used by maternal mortality review programs.

Item 40 – Did tobacco use contribute to death?

This item cannot be left blank. Unknown is a valid response. Please check only one response.

Information on smoking is used to identify groups at high risk and to identify groups or occupations in which nonsmokers may be at high risk of dying from respiratory disease.

Item 41 – Date of Injury (MM/DD/YYYY)

This item must be completed if the manner of death is not “Natural” or “Pending”. Unknown is a valid response.

In cases of deaths that are other than natural, items 41-47 are needed for a more accurate determination of cause of death. Information about injuries is used for planning and evaluating injury prevention programs on the state and local level. The date of injury is used to determine if the death occurred because of a late effect of an old injury.

Item 42 – Hour of Injury (24 hrs)

This item must be completed if the manner of death is not “Natural” or “Pending.” Unknown is a valid response.

Information about injuries is used for planning and evaluating injury prevention programs on the state and local level.

Item 43 – Place of Injury

This item must be completed if the manner of death is not “Natural” or “Pending.” Unknown is a valid response.

Information about injuries is used for planning and evaluating injury prevention programs on the state and local level.

Item 44 – Injury at Work?

This item must be completed if the manner of death is not “Natural” or “Pending.” Unknown is a valid response.

Information from this item is important to state and federal programs to prepare occupational mortality statistics and to plan programs to prevent work-related injuries.

Item 45 – Location of Injury

This item must be completed if the manner of death is not “Natural” or “Pending.” Unknown is a valid response.

Location of injury is important to determine where prevention programs may need to focus.

Item 46 – Describe How the Injury Occurred

This item must be completed if the manner of death is not “Natural” or “Pending.” Unknown is a valid response. If a gun injury, it is helpful to specify the type of gun (handgun, hunting rifle) used. If a vehicle accident, it is helpful to describe the type of vehicle and how many vehicles were involved.

Item 47 – If transportation Injury, specify:

This item cannot be blank if this is a transportation related injury.

Details will help assign deaths to categories that may be used to assess trends and effectiveness of safety programs.

Items 48a and b. – Certifying Physician or Medical Examiner/Coroner

There must an entry in either Item 48a or 48b, but not both.

Item 49 – Name and Address of Certifier – Physician, Medical Examiner or Coroner (Type or Print)

This item cannot be left blank.

This information is used by the State office of vital statistics for querying the certifier when a question about cause of death arises.

Item 50 – Hour of Death (24 hrs.)

This item cannot be left blank. Unknown is a valid response.

This item establishes the exact time of death, which can be important in inheritance cases when there is a question of who died first. This is often important in the case of multiple deaths in the same family.

Item 51 – Name and Title of Attending Physician if other than Certifier (Type or Print)

This item is optional.

Item 52 – Date Certified (MM/DD/YYYY)

This item cannot be left blank.

This item is of legal value in attesting that the medical certification was completed and signed within the time limit required by law.

Item 53 – Title of Certifier

This item cannot be left blank.

Item 54 – License Number

This item cannot be left blank.

This number can be used by the state to look up the name and address of the certifier if item(s) 48 and/or 49 are illegible.

Item 55 – ME/Coroner File Number

This item must be completed for all cases where the ME or coroner is the certifier.

This information provides for follow-up when researching a death under the jurisdiction of the medical examiner or coroner.

Item 56 – Was Case Referred to ME/Coroner?

Do not leave this item blank.

This item records whether the medical examiner or coroner was informed when the circumstances required such action.

Item 57 – Registrar Signature

Do not leave this item blank.

The signature documents that the Death Certificate was accepted and filed by the Registrar.

Item 58 – Date Received (MM/DD/YYYY)

Do not leave this item blank.

This date documents whether the death certificate was filed within the time period specified by law.

Item 59 – Record Amendment

This item should be completed if any amendment is made to the record. Include the box number, affidavit number, date of amendment and the initials of the person who amended the record.